



San Bernardino Associated Governments

San Bernardino County Transportation Commission
San Bernardino County Transportation Authority
San Bernardino County Congestion Management Agency
Service Authority for Freeway Emergencies

Employment Application Form

The successful applicant may be required to take a pre-employment drug test.

SANBAG reserves the right to **reject any application** due to failure to complete all items on this application.

Please print clearly all information on the application.

Position You are Applying For: Note: If applying for more than one position, use a separate application for each position			
Your Contact Information			Return this form to: Director of Management Services 1170 W. 3rd Street, 2nd Floor San Bernardino, CA 92410
Your Social Security Number:			
Your Name:			
	Last	First	MI
Your Mailing Address:			
	Street Address		Apt. No.
	City	State	Zip Code
Your Telephone Number:			
	Home Phone (with area code)		Business/Message Phone (with area code)
Personal Information			
What type of position(s) will you accept? Full-time Temporary or recurrent Part-time			
Bilingual skills (languages other than English in which fluent: Indicate whether you can write and/or speak the languages(s). _____			
If this position requires typing skills, please indicate your typing speed (wpm): _____ Words Per Minute			
Other names you have used: _____			
As an adult (age 18), have you ever been convicted of a misdemeanor or felony: Yes No			
You must complete this section to be considered for the job. Include attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying.			
Date and location of conviction: _____ Penal Code Violation No.: _____			
FOR OFFICIAL USE ONLY (Do not write in this space.)			
<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible Reason: _____			

EXPERIENCE

Provide employment history starting with your current or most recent job. Attach a sheet of paper if additional space is needed. Only jobs listed will be considered in determining your eligibility. **This section must be fully completed.**

From: _____ Mo/Day/Yr	Title of Your Current Position	Reason for Leaving	
To: _____ Mo/Day/Yr			
Company Name		Phone	
Address _____ City _____ State _____ Zip _____		OK to contact? Yes _____ No _____	
Supervisor's Name & Title		Monthly Salary	Hours Per Week
Description of Duties			

From: _____ Mo/Day/Yr	Title of Position	Reason for Leaving	
To: _____ Mo/Day/Yr			
Company Name		Phone	
Address _____ City _____ State _____ Zip _____		OK to contact? Yes _____ No _____	
Supervisor's Name & Title		Monthly Salary	Hours Per Week
Description of Duties			

From: _____ Mo/Day/Yr	Title of Position	Reason for Leaving	
To: _____ Mo/Day/Yr			
Company Name		Phone	
Address _____ City _____ State _____ Zip _____		OK to contact? Yes _____ No _____	
Supervisor's Name & Title		Monthly Salary	Hours Per Week
Description of Duties			

EXPERIENCE (continued)

Provide employment history starting with your current or most recent job. Attach a sheet of paper if additional space is needed. Only jobs listed will be considered in determining your eligibility. **This section must be fully completed.**

From: _____ Mo/Day/Yr	To: _____ Mo/Day/Yr	Title of Position	Reason for Leaving
Company Name			Phone
Address		City	State Zip
			OK to contact? Yes No
Supervisor's Name & Title		Monthly Salary	Hours Per Week
Description of Duties			

From: _____ Mo/Day/Yr	To: _____ Mo/Day/Yr	Title of Position	Reason for Leaving
Company Name			Phone
Address		City	State Zip
			OK to contact? Yes No
Supervisor's Name & Title		Monthly Salary	Hours Per Week
Description of Duties			

Education

HighSchool/GED (Name)	Did you graduate? Yes No	List any specialized vocational training completed after high school:	
Undergraduate College or University (Name)	Did you graduate with a degree? Yes No Major area of study:	What degree did you receive?	If you did not graduate, list units completed:
Graduate College or University (Name)	Did you graduate with a degree? Yes No Major area of study:	What degree did you receive?	If you did not graduate, list units completed:
Use this space to list any additional licenses, courses, training, or education related to the position that you are applying for that were not listed above.			
CERTIFICATE OF APPLICANT: I certify that all statements made in this application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal. I understand that three professional references will be requested from the applicant selected to fill the position and checked prior to hire.			
Name (please print)		Signature	Date

SAN BERNARDINO ASSOCIATED GOVERNMENTS

THIS SECTION IS VOLUNTARY. DO NOT INCLUDE YOUR NAME.

Please complete this section for statistical purposes. It will be detached from your application and the information will not be used to make any employment decision that affects you.

Position applied for: _____

Sex: Female Male **Age Group:** Under 40 40 or over

Education: Indicate the highest year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Did you graduate from high school? Yes No - If "No", did you receive a GED? Yes No

Did you attend a Junior College? No Yes – If "Yes", did you graduate? Yes No

Did you attend a 4-Year College/University? No Yes – If "Yes", did you graduate? Yes No

Race/Ethnic Category (Check one):

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.

Black (not of Hispanic origin): All persons having origins in any of the black racial groups.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaska Native: All persons having origins in any of the original peoples of North America.

Please help us by indicating how you learned of this position availability:

Referral (Name of Person): _____

Newspaper Ad in (Name of Newspaper): _____

Employment Publication (Name of Publication): _____

Internet (Website Address): _____

Professional Publication (Name of Publication): _____

Other: _____

Thank you!